City of Torrance Community Services Department | Recreation Division | 618-2930

WAIVER FORM (Permission Slip)

We, I	(Parent or Guardian)	hereby permit			
(Parent or Guardian)			(Child's Full Name)		
to participate in,	SKATE DAY/NIGHT	at	WILSON PA	ARK SKATE RINK	
				Crenshaw Blvd.	
Date (or inclusive da	ates of activity)	Time (or times)			
Drop-off Time	Pick-L	lp Time			
agents, contractor any injury of dan transportation in c In the event of an a Recreation Divisio	e and discharge the City of Torra is, and employees from any liabili nage which may be sustained onnection therewith. accident or other emergency, whe n staff to make arrangements cor ecessary transportation. I author on.	ty whatsoever, resultion account of her/hi en a parent or guardial esidered necessary fol	ng from or in a is participation n is not availab r my child to re	any manner arising out or n in said activity or the ble, I hereby authorize any eceive hospital or medical	
Signed	(Parent or Guardian)	Phone	,	<i></i>	
	(Parent or Guardian)		(Home)	(Emergency)	
Address			City	Zip Code	
	(Po	IVER FORM ermission Slip)			
We, I	(Parent or Guardian)	_ nereby permit	(Chile	d's Full Name)	
to participate in	SKATE DAY/NIGHT	at	WII SON PA	ARK SKATE RINK	
to participate iri,	SIATE DATAMONT	ut		Crenshaw Blvd.	
Date (or inclusive dates of activity)		Time (or times)			
Drop-off Time	Pick-L	sk-Up Time			
agents, contractor any injury of dan transportation in contraction in contractor and the event of an area Recreation Division care, including, no physician or surger Signed	(Parent or Guardian)	ty whatsoever, resultion account of her/hi en a parent or guardian asidered necessary for rize such care and tro Phone	ng from or in a series participation is not available my child to receatment to be (Home)	any manner arising out on in said activity or the ble, I hereby authorize any eceive hospital or medical performed by a licensed (Emergency)	
Address			υπу	Zip Code	